

APPLICATION NO. \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_

ROSEBUD SIOUX TRIBE  
BOX 335  
ROSEBUD, SD 57570  
**APPLICATION FOR ENROLLMENT**

(PLEASE PRINT)  
APPLICANT'S FULL NAME AT BIRTH: \_\_\_\_\_

Indian, Maiden, or other name by which known: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MALE OR FEMALE

Mailing Address: \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Tribe: \_\_\_\_\_ Enrollment No. \_\_\_\_\_ Degree of blood: \_\_\_\_\_ DOB: \_\_\_\_\_

Father's Name \_\_\_\_\_

Tribe: \_\_\_\_\_ Enrollment No. \_\_\_\_\_ Degree of blood: \_\_\_\_\_ DOB: \_\_\_\_\_

Is applicant enrolled with another tribe?	Y	(    )	N	(    )
Is applicant a direct lineal descendent of a member of the tribe?	Y	(    )	N	(    )
Is applicant an adopted child?	Y	(    )	N	(    )
Has applicant ever applied for enrollment with the Rosebud Sioux Tribe	Y	(    )	N	(    )

AN ORIGINAL OR A CERTIFIED COPY OF A BIRTH CERTIFICATE, PATERNITY AFFIDAVIT  
(IF PARENTS ARE NOT MARRIED) AND SOCIAL SECURITY CARD MUST BE SUBMITTED WITH  
THIS APPLICATION FORM.

THE UNDERSIGNED EACH HEREBY CERTIFY ON BEHALF OF THE APPLICANT AND THEMSELVES  
THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND THAT IF ANY MATERIAL  
STATEMENT IS FALSE, ANY ENROLLMENT GRANTED PURSUANT TO THIS APPLICATION SHALL  
BE VOID AND OF NO FORCE OR AFFECT.

\_\_\_\_\_  
NOTARY PUBLIC  
SIGNATURE OF APPLICANT/MOTHER/SPONSOR

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2012  
If sponsored application, relationship of  
sponsor to applicant: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
SIGNATURE OF FATHER/SPONSOR

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2012  
If sponsored application, relationship of  
sponsor to applicant: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

## INSTRUCTIONS FOR APPLICANTS

1. FRONT & BACK OF TRIBAL ENROLLMENT FORM MUST BE COMPLETE  
(Family tree must be filled out completely; this is to determine the blood degree of the applicant)
2. SIGNATURE MUST BE WITNESSED BY A NOTARY PUBLIC
3. ATTACH THE ORIGINAL OR STATE CERTIFIED BIRTH CERTIFICATE  
( A copy will be made for the file and originals will be returned to applicant)
4. SOCIAL SECURITY CARD ( original or copy) THIS IS FOR I.D. PURPOSES
5. CUSTODY DOCUMENTS MUST BE ATTACHED, IF YOU ARE NOT THE PARENT.

APPLICANT

**BLOOD DEGREE**

6. ATTACH A DEGREE OF INDIAN BLOOD FOR THE PARENT(S)  
IF ONE PARENT IS ENROLLED WITH ANOTHER TRIBE, PARENT WILL  
NEED TO CONTACT THEIR TRIBE TO GET THEIR DEGREE OF INDIAN BLOOD  
THIS IS VERY IMPORTANT! BURDEN OF PROOF IS ON THE APPLICANT

7. FOR APPLICANTS WHO WERE ADOPTED:
- A. ORIGINAL BIRTH CERTIFICATE-WITH BIOLOGICAL PARENT'S NAMES
  - B. AMENDED BIRTH CERTIFICATE-WITH ADOPTIVE PARENT'S NAMES
  - C. ADOPTION DECREE

THE ENROLLMENT OFFICE WILL NOT ACCEPTED FAXED COPIES OF BIRTH CERTIFICATES

IT TAKES AT LEAST 3 TO 6 MONTHS TO GET APPROVED FOR ENROLLMENT

COPIES OF BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS  
SUBMITTED BECOME PROPERTY OF ENROLLMENT AND WILL NOT BE GIVEN OUT!

